

05-10-89

SHIPPER 20737

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-91)

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

See Instructions on Back of Page 6
and Front of Page 7Department of Health Services
Toxic Substances Control Division
Sacramento, California**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.2. Page 1
of 1Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

BROADWAY

1200 W. COVINA PARKWAY., COVINA, CA 91790

A. State Manifest Document Number

88677310

4. Generator's Phone (818 962-3611)

B. State Generator's ID

5. Transporter 1 Company Name

OMEGA RECOVERY SERVICES

6. US EPA ID Number

C A D O 4 2 2 4 5 0 0 1

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (213) 698-0991

E. State Transporter's ID

F. Transporter's Phone 010-389

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602

10. US EPA ID Number

C A D O 4 2 2 4 5 0 0 1

G. State Facility's ID

C A D O 4 2 2 4 5 0 0 1

H. Facility's Phone

(213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. HAZARDOUS WASTE LIQUID N.O.S UN 9189
(R-11)

12. Containers

No.

Type

13. Total

Quantity

14.

Unit

Wt/Vol

I. Waste No.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Jim Protin

Signature

Jim Protin

Month Day Year

06/09/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert J. Cirincione

Signature

Robert J. Cirincione

Month Day Year

06/09/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Year

10/6/89

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812

88677310

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR'S

TRANSPORTER

FACILITY

DHS 8022 A (1/88)

EPA 8700-22

(Rev. 9-85) Previous editions are obsolete.